

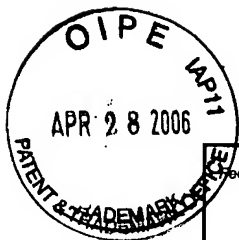


|   |            |   |           |
|---|------------|---|-----------|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br/>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | <b>Docket Number (Optional)</b><br>559692000100 |           |
| <b>Application Number</b> 10/769,244  |            | <b>Filed</b> January 30, 2004                   |           |
| <b>For</b> SEMICONDUCTOR LASER ELEMENT AND OPTICAL DATA RECORDING DEVICE  |            |   |           |
| <b>Art Unit</b> 2828  |            | <b>Examiner</b> D. Nguyen                       |           |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |            |   |           |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                         |           |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60  | \$ 120.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$        |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1020     | \$510   | \$        |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$        |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$        |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |           |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |           |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |           |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.  |            |   |           |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate. |            |   |           |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |           |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |           |
| <input type="checkbox"/> attorney or agent of record. Registration Number _____   |            |   |           |
| <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 <u>56,519</u>   |            |   |           |
| _____<br>Signature  |            | _____<br>Date                                   |           |
| _____<br>Ilya Chorny<br>Typed or printed name   |            | _____<br>(650) 813-5932<br>Telephone Number     |           |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |           |
| <input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.  |            |   |           |

Client Reference No.: FP03005US-H

05/01/2006 NNGUYEN1 00000105 031952 10769244

01 FC:1251 120.00 DA



|  |  |                          |                  |
|--|--|--------------------------|------------------|
| <b>FEE TRANSMITTAL</b><br><b>For FY 2006</b>                                   |  | <b>Complete if Known</b> |                  |
|  |  | Application Number       | 10/769,244       |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |  | Filing Date              | January 30, 2004 |
|  |  | First Named Inventor     | Yukio YAMASAKI   |
|  |  | Examiner Name            | D. Nguyen        |
| TOTAL AMOUNT OF PAYMENT  |  | Art Unit                 | 2828             |
| (\$)   |  | Attorney Docket No.      | 559692000100     |
| 120.00   |  |                          |                  |

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 300         | 150                   | 500         | 250                   | 200              | 100                   | 0.00           |
| Design           | 200         | 100                   | 100         | 50                    | 130              | 65                    | 0.00           |
| Plant            | 200         | 100                   | 300         | 150                   | 160              | 80                    | 0.00           |
| Reissue          | 300         | 150                   | 500         | 250                   | 600              | 300                   | 0.00           |
| Provisional      | 200         | 100                   | 0           | 0                     | 0                | 0                     | 0.00           |

**2. EXCESS CLAIM FEES**

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 50       | 25                    |
| Each independent claim over 3 (including Reissues) | 200      | 100                   |
| Multiple dependent claims                          | 360      | 180                   |

| Total Claims | Extra Claims | Fee (\$)  | Fee Paid (\$) |
|--------------|--------------|-----------|---------------|
| 38           | -38 = 0      | x 50.00 = | 0.00          |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$)   | Fee Paid (\$) |
|---------------|--------------|------------|---------------|
| 3             | -4 = 0       | x 200.00 = | 0.00          |

HP = highest number of independent claims paid for, if greater than 3.

| Multiple Dependent Claims |               |
|---------------------------|---------------|
| Fee (\$)                  | Fee Paid (\$) |
| 0.00                      | 0.00          |

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | /50          | (round up to a whole number) x                   | 250.00   | 0.00          |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

|                     |             |                                   |                |
|---------------------|-------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |             |                                   |                |
| Signature           |             | Registration No. (Attorney/Agent) | 56,519         |
| Name (Print/Type)   | Ilya Chorny | Telephone                         | (650) 813-5932 |
|                     |             | Date                              | April 28, 2006 |

Client Reference No.: FP03005US-H